

## Copper Mountain College

## VOCATIONAL NURSING PROGRAM APPLICATION FOR ADMISSION

## Application Period: February It through February 28th

Last Name:		First Name:		SSN	
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Street Address		City	State	Zip	
Mailing Address	(if different from above)	City	State	Zip	
Other names used (including maiden):					
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		E-mail:			
Cell Phone #		Birthdate: / /			
		Birthplace: City	State	Country	
Are you disabled? ☐ Yes ☐ No					
Do you require accommodation? ☐ Yes ☐ No ☐ If yes, explain:					
Are you a US Citizen? ☐ Yes ☐ No If no, indicate Alien Status:					
Have you ever been enrolled in a VN Program? ☐ Yes ☐ No If yes, attach official transcripts and complete the following:					
College: Program Director:					
Mailing Address:  Street Address City State ZIP					
		City	State	ZIP	
Course(s)/Program completed:					
Have you made formal application for admission to Copper Mountain College?			□ Yes	□ Yes □ No	
Have you previo	usly applied to the Vocational Nursi	ng Program at Copper Mountain Coll	lege? □ Yes	s □ No	
DOCUMENTS TO BE SUBMITTED WITH APPLICATION:					
1.	Assessment scores (English 51 and Math 57).				
2.	Official high school transcript or official GED Certificate and scores.				
3.	Official transcripts for ALL college coursework.				
	Note: Student must achieve a grade	e of 'B' or better in all prerequisite cou	rses and demonstrate ≥ 2.7	5 cumulative GPA).	
I wish to be considered for admission to the Vocational Nursing Program. I certify that, to the best of my knowledge, all of the above information is correct. In addition, I assume responsibility for attaching all required documentation to this application prior to submission. I understand that failure to comply with the deadline automatically disqualifies me.					
Signature of App	olicant:		Date:		